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BIBDATASHEET

CONFIRMATION NO. 9388

Bib Data Sheet

SERIAL NUMBER 10/646,238	FILING DATE 08/22/2003 RULE	CLASS 074	GROUP ART UNIT 3681	ATTORNEY DOCKET NO. 60446-229; 02ZFM009
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APPLICANTS

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** CONTINUING DATA *****

None HH 11/22/04

** FOREIGN APPLICATIONS *****

None HH 11/22/04

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 11/14/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature _____ Initials _____			

ADDRESS

026096
 CARLSON, GASKEY & OLDS, P.C.
 400 WEST MAPLE ROAD
 SUITE 350
 BIRMINGHAM, MI
 48009

TITLE

Range and splitter system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees
RECEIVED 750		<input checked="" type="checkbox"/> 1.16 Fees (Filing) <input checked="" type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input checked="" type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit